



DA Case # _____

LOUISIANA VICTIM NOTICE AND REGISTRATION FORM

CONFIDENTIAL – NOT PUBLIC RECORD

SECTIONS A & B TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICER ON SCENE

The person requesting notification must provide ALL information requested in Section B of this form. The information on this form shall be kept confidential by all law enforcement and judicial agencies and used only for the purposes required by law.

1. For a crime victim who is a minor, the name of a person requesting notification may be a parent or guardian.
2. In those cases where the victim is incapacitated or deceased, a single designated family member as defined in LSA-R.S. 46:1842(3), or guardian, may request notification.

Please print all information using blue or black ink only.

SECTION A: (To be completed by investigating officer)

Arrestee/Offender's Name: _____ Arrestee/Offender's Date of Birth: _____

Date of Arrest: _____ Crime/Offense: _____

Arresting Agency: _____ Arresting Officer(s): _____

Incident # _____ Docket # _____ Summons _____ Warrant Issued/Arrest Pending _____

SECTION B: (To be completed and signed by victim or their designated family member)

Location (City, Parish) Where Crime Occurred: _____ Date of Crime: _____

Victim's Name (Mr./Mrs./Ms.): _____

Victim's Age (At Time of Crime): _____ Victim's Date of Birth: _____

Person Requesting Notification: _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Ext. _____ Cell Phone Number: _____

Evening Phone Number: _____ E-mail Address: _____

You Are (Check One): _____ Victim of Offense _____ Witness to Offense _____ Parent/Guardian to Victim

_____ Designated Family Member of Incapacitated or Deceased Victim

Check One:

_____ I acknowledge receipt of this form. I understand that it is my responsibility to update my mailing address and telephone numbers with the arresting agency and district attorney's office in the event that either or both shall change, and that my failure to do so may stop notification and remove all responsibility for notification under the law.

_____ I DECLINE to register for notification at this time.

SIGNATURE: _____ DATE: _____

NOTE: You can also register to receive an automated notification when the arrestee/offender is released from custody, and other vital information, by contacting the Louisiana Automated Victim Notification System (LAVNS) toll free at 1-866-528-6748 or WWW.LAVNS.ORG. LAVNS is an anonymous, free service. LAVNS PIN # _____

LSA-R.S. 46:1844(3) mandates that "All law enforcement agencies having custody of those accused or convicted of the offenses enumerated in R.S. 46:1842(9) shall, pursuant to Article I, Section 25 of the Constitution of Louisiana, notify crime victims or designated family members who have properly registered concerning an accused's or a defendant's arrest, release on recognizance, posting of bond, release pending charges being filed, release due to rejection of charges by the district attorney, escape, or re-apprehension."

[illegible]

Jail / Detention Center Copy